

FORM
5A

Rev
02/08

State of Colorado
Oil and Gas Conservation Commission

1120 Lincoln Street, Suite 801, Denver, Colorado 80205 Phone: (303) 894-2100 Fax: (303) 894-2109



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COMPLETED INTERVAL REPORT

Document Number:

1717826

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 53650 4. Contact Name: ANNA WALLS
 2. Name of Operator: MARATHON OIL COMPANY Phone: (713) 296-3468
 3. Address: 5555 SAN FELIPE Fax: (713) 513-4394
 City: HOUSTON State: TX Zip: 77056

5. API Number 05-045-16146-00 6. County: GARFIELD
 7. Well Name: 697-28C Well Number: 23
 8. Location: QtrQtr: NESW Section: 28 Township: 6S Range: 97W Meridian: 6
 9. Field Name: _____ Field Code: _____

Completed Interval

FORMATION: WILLIAMS FORK - CAMEO Status: SHUT IN
 Treatment Date: 04/11/2010 Date of First Production this formation: _____
 Perforations Top: 7238 Bottom: 8322 No. Holes: 139 Hole size: 41/100
 Provide a brief summary of the formation treatment: _____ Open Hole:
6 STAGES: FRAC W/481,632# 30/50 TTAWA SD & 15,955 BBLs SLICKWATER. SEE ATTACHED.
 This formation is commingled with another formation: Yes No
Test Information:
 Date: _____ Hours: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____
 Calculated 24 hour rate: _____ Bbls oil: _____ Mcf Gas: _____ Bbls H2O: _____ GOR: 0
 Test Method: _____ Casing PSI: _____ Tubing PSI: _____ Choke Size: _____
 Gas Disposition: _____ Gas Type: DRY BTU Gas: _____ API Gravity Oil: _____
 Tubing Size: 2 + 3/8 Tubing Setting Depth: 7120 Tbg setting date: 04/26/2010 Packer Depth: _____
 Reason for Non-Production:
WAITING ON PIPELINE
 Date formation Abandoned: _____ Squeeze: Yes No If yes, number of sacks cmt _____
 Bridge Plug Depth: _____ Sacks cement on top: _____

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.
 Signed: Y Print Name: ANNA WALLS
 Title: REGULATORY Date: 5/3/2010 Email AVWALLS@MARATHONOIL.COM

Based on the information provided herein, this Completed Interval Report (Form 5A) complies with COGCC Rules and applicable orders and is hereby approved.

COGCC Approved: _____

David S. Neslin

Director of COGCC

Date: 10/29/2010

General Comments

<u>User Group</u>	<u>Comment</u>	<u>Comment Date</u>
Permit	WELL HAS BEEN SAND FRACED AND IS SHUT-IN, WAITING ON PIPELINE CONNECTION. DHS	10/29/2010 11:00:47 AM

Total: 1 comment(s)